SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 **Bayfield County**

Rose BAYFIAD COUNTY, WINTERSIN Date Ship (Received)

MAY 2 3 2016 Bayfield Co. Zoning Dept. 23 2016

Permit #: Refund: Date: Amount Paid: \$308 10-01V 6-13-16

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLIC	
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Value at Time of Completion * include	XNon-Shoreland	☐ Shoreland —> ☐		Section 25	NE 1/4, NE 1/4	PROJECT Leg	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED-	DO NO! STAR! CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPEICANT.
Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section $\frac{25}{}$, Township $\frac{1}{2}$ N, Range	1/4 Gov't Lot	Legal Description: (Use Tax Statement)	Signing Application on behalf (Road 0	League	:STED—▶ ☐ LAND USE	N UNTIL ALL PERMITS MAVE
# of Stories and/or basement		1000 feet of Lake, P	300 feet of River, St	, Range 7 W	Lot(s)			Cor	City	8 Ma	SAN	E BEEN ISSUED TO APPL
. Use		Pond or Flowage If yes—continue	Stream (incl. Intermittent) If yescontinue	Town of:	CSM Vol & Page	012-2-4307-25-101000-11000	Agent Phone:	Contractor Phone:	City/State/Zip:	8935 Frels	□ PRIVY	ICANI.
of #		Distance Structur	Distance Structur	Cable Townishy	Lot(s) No.	35-10100	Agent Mailing Address (include City/State/Zip):	Plumber:		C Way	CONDITIONAL USE	
What Ty Sewer/Sanita		Distance Structure is from Shoreline :	Distance Structure is from Shoreline :		1	Recorded Volume +	s (include City/State/Z		`	ble Win. 5482	SE SPECIAL USE	
What Type of rr/Sanitary System		et No	et Floodplain Zone?	Acres Acre	Subdivision:	Document: (i.e		Plumber Phone:	608-44		□ B.O.A.	
Water		□ Yes	Are Wetlands Present?	N 88		Property Ownership) Page(s) \(\sum \frac{2}{2} \)	Written Authorization Attached Yes 3 No	r Phone:	608-444-75	2-444-800	OTHER	

Proposed Construction:	Existing Structure	er en			4 4	Ž Ž	n		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)	44,444	Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	WNew Construction	Project
	is relevant to it)		☐ Foundation	№ No Basement	☐ Basement	□ 2-Story	□ 1-Story + Loft	▼ 1-Story	# of Stories and/or basement
Length: 901	Length:					48/4	🔊 Year Round	☐ Seasonal	Use
				□ None		X 3	□ 2	1	# of bedrooms
Width: 45'	Width:	☐ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Ty	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height:	Height:			±)	(min 200 gallon)	ype:	y Type:		f rstem
							X Well	□ City	Water

Proposed Use	<	Proposed Structure	Dimensions	Square Footage
	ĎQ	Principal Structure (first structure on property)	(x))	4050
		Residence (i.e. cabin, hunting shack, etc.)	(45 × 45)	という
1		with Loft	(x)	4
X Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(x)	
		with a Deck	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	28 28 28 28
ī		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(Sh x 5h)	geof
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	(x)	
Municipal Use		Accessory Building (specify)	×	
		Accessory Building Addition/Alteration (specify)	×	
Rec'd for Issu.	·			
		Special Use: (explain)	×	
		Conditional Use: (explain)	(x	
	<u>"</u>	Other: (explain)	×	

Owner(s): FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to the above described property at any reasonable time for the purpose of inspection.

Date 5 19 2016. (If there are Multiple Owners listed on the Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) int 18735 Frels Rol, Cable Wis 5482) 8735 8 R ريد. 00

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

2016

Date

(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road All Existing Structures on your Prop (*) Well Wy (*) Septic Tank (ST); (* (*) Late: (*) River: (*) Stream/Creet (*) Wetlands; 07(*) Slopes over 209	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wellands; oz (*) Slopes over 20%	r (*) Privy (P)
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	o continuing) the closest point)	Changes in plans must be approved	oved by the Planning & Zoning Dept.
Description Setback from the Centerline of Platted Roa		Description Setback from the Lake (ordinary high-water	Measurement
Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the South Lot Line	About 1200	Setback from the Bank or Bluff Setback from Wetland	Feet Feet
Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)		Setback to Well	T.B. S. Feet
They to the placement or construction of a structure within to the previously surveyed corner or marked by a licensed survivor to the placement or construction of a structure more than previously surveyed corner to the other previously survemarked by a licensed surveyor at the owner's expense. (9) Stake or Mark Propose NOTICE: All Land For The Construction Of N	soment or construction of a structure within ten (10) feet of the minimum required setback, the by a junveyed corner or marked by a licensed surveyor at the owner's expense. Terment or construction of a structure more than ten (10) feet but less than thirty (30) feet from the unreyed corner to the other previously surveyed corner, or verifiable by the Department by use on the surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, (9) NOTICE: All Land Use Permits Expire One (1) Year from the For The Construction Of New One & Two Family Dwelling: ALL More than the construction of the local Town, Village, City, State or Fe	repror to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), Indicense of the Ontice of the Uniform Dwelling Code of the Construction of New One & Two Family Dwelling; ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	isible from one previously surveyed corner to the ethack must be measured must be visible from proposed site of the structure, or must be [HT], Privy (P), and Well (W). It begun. In Dwelling Code.
Issuance Information (County Use Only) Permit Denied (Date): Permit #: //	niy) Sanitary Number:		Sanitary Date: 17 2/22/14
ot □ Yes ip □ Yes ng □ Yes	(Deed of Record) ATIO (Fused/Contiguous Lot(s)) ATIO	ŽNo.	Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes ☐ Yoo Case #: Was Parcel Legally Created Was Proposed Building Site Delineated ☐	Yes I No	Previously Granted by Variance (B.O.A.) Case # Were Property Lines Represented by Owner Was Property Surveyed	2Yes ONO
		25-45-25-25-25-25-25-25-25-25-25-25-25-25-25	Zoning District $(arF())$ Lakes Classification $(arF(\mathcal{P}))$
Condition(s): Town, Committee or Board Conditions Attached? Ass Mobile home Must be Assured by	JAZ I	(If <u>No</u> they need to be attached.)	
Signature of inspector: Hold For TBA:	In the state of	it: Hold For Fees:	Page of Approval. 6/18/6

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e box below: Draw or Sketch your Property (regardless of what you are applying for)

